

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

26288
Do not use this space.

AUG 14 1939

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 214
 (b) Township Burris Fork Primary Registration District No. 5794B Registered No. 3
 (c) City Enon (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lellie Scrivner Lovell

(a) Residence, No. Enon, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. M. Lovell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12th, 1874
 7. AGE YEARS 65 MONTHS 5 DAYS 3 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Russellville, (STATE OR COUNTRY) Missouri.

FATHER 13. NAME Nehemiah Scrivner
 14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri.

MOTHER 15. MAIDEN NAME Jane Dudsanan
 16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri.

17. INFORMANT E. M. Lovell (ADDRESS) Enon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Carmel Cem. DATE July, 16th, 1939

19. FUNERAL DIRECTOR (NAME) G. A. Steffens (ADDRESS) Russellville, Mo.

20. FILED July 16, 1939 Mrs. Mabel Barber Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 15th, 1939, 19
 22. I HEREBY CERTIFY, That I attended deceased from July 8, 1939 to July 15, 1939
 or July 13, 1939
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 12-55 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchiectasis

Date of onset not definite

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify Walter L. Desler, M. D. (Signed) _____ (Address) Russellville, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

G. N. Steffens
.....
working under my personal supervision.

....., Registered Apprentice No.....

Signed *G. N. Steffens*
.....

Licensed Embalmer No. *2307.1*

P. O. Address *Russellville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.